

PRIVACY ACT CONSENT FORM

Date: _____

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim to the offices of U.S. Senator John Ensign.

Constituent Name: _____ Address: _____
(Please print)

City, State, Zip Code: _____ Phone: _____

Social Security Number: _____ Claim/Case Number: _____

Agency (Agencies): _____

Signature(s): _____

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list third party names here: _____

Briefly identify the difficulty you are having (attach additional page if needed):

Please include copies of any documentation you may have which would help expedite this inquiry. Please do not send original documents. If you have any questions, call Senator Ensign's office at (702) 388-6605 (Las Vegas); (775) 686-5770 (Reno); or (775) 885-9111 (Carson City).